



Call-n-Ride

101 Monroe Street, 5th Floor
Rockville, MD 20850
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E-mail: cnrorder@montgomerycountymd.gov

Call-n-Ride (CNR) RECERTIFICATION FORM

CNR Identification #: _____ Date: _____

In order to continue as a participant, biennial recertification is necessary. Please complete the following:

Name: _____ Date of Birth: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Household size: _____ Do you live in a group, nursing, assisted living, or retirement home, etc.? ☐ YES ☐ NO

SECONDARY CONTACT:

Last Name: _____ First Name: _____

Relationship: _____ Telephone: _____

Email: _____

REQUIRED DOCUMENTS FOR PROGRAM ELIGIBILITY

- 1. PROOF OF CURRENT RESIDENCE IN MONTGOMERY COUNTY (Please send one or more of the following documents. The documents must be current – within the last six months):** Recent Social Security statement, utility bill (gas, electric, water, or home telephone bill), IRS W-2, property tax bill, homeowner's insurance bill, monthly mortgage statement, or residential rental/lease agreement.
- 2. INCOME: PLEASE SUBMIT PROOF OF TOTAL INCOME FOR ALL ADULT MEMBERS OF YOUR HOUSEHOLD WITH THIS APPLICATION (Please send one or more of the following documents. The documents must be current – within the last six months):** Social Security checks, stubs or award letters, pension letters, annuity statements, IRA distributions statement, last two paystubs or employment earnings within last sixty days, recent bank statements, income tax returns including all related attachments (W-2, 1099, etc.). For minors (Ages 0-18) please provide a copy of birth certificate, school ID or other proof of birth. If you currently have no income, please request Certification of Zero Income Form from our office. If you are receiving support from others, please request Certification of Support Form from our office.

2A. Please complete all fields for sources of income that applies to you or adult family members of your household, and send us a copy of the latest statement:

Source	Amount		Source	Amount
Employment	\$		Pension/Retirement	\$
SSI/SSDI/SS Benefits	\$		Annuity	\$
Survivors Benefits	\$		TCA/TDAP	\$
Unemployment Benefits	\$		Other:	\$
Total				\$ _____

2B. What is the present monthly income of your household from all sources: \$_____?

3. DISABILITY: DO YOU CURRENTLY HAVE A DISABILITY? Please Answer: ☐YES ☐NO

(If you answered YES and you are age 18 to 64, you must provide the applicable disability form completed by a licensed physician. Seniors age 65 and older are exempt from this requirement).

4. Do you exclusively require wheelchair accessible taxis for your transportation? ☐YES ☐NO

5. PHOTOGRAPH: If your swipe card does not currently have a photograph, please provide us one recent wallet/passport size photograph of yourself to go on your swipe card. (Recommended but not required)

The information I have provided is confidential and is to be used only to determine my eligibility to participate in the Call-n-Ride Program. I certify that all information contained on this form is true and accurate.

Signature: _____ Date: _____

PLEASE RETURN THIS FORM ALONG WITH THE REQUIRED INFORMATION WITHIN THIRTY (30) DAYS FROM THE DATE OF THIS LETTER TO:

**Call-n-Ride
101 Monroe Street, 5th Floor
Rockville, MD 20850**

IF WE DO NOT RECEIVE YOUR RECERTIFICATION RESPONSE WITHIN (30) DAYS FROM THE DATE OF THIS LETTER, YOUR SWIPE CARD WILL BECOME INACTIVE AND YOU WILL NO LONGER BE ABLE TO PARTICIPATE IN THE PROGRAM.

For questions contact Call-n-Ride at 301-948-5409, Monday through Friday, 9:00 a.m. to 4:00 p.m.